

**ANNE MILGRAM, ET AL. V. CELEBRATION STUDIOS, INC., ET AL.**

**CONSUMER QUESTIONNAIRE**

\_\_\_\_\_  
**PRINT NAME:** \_\_\_\_\_

**PRINT MAIDEN NAME:** \_\_\_\_\_

**WEDDING DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**DAYTIME/WORK TELEPHONE #:** \_\_\_\_\_

**EVENING TELEPHONE #:** \_\_\_\_\_

**CELLPHONE #:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**1. Indicate which services Celebration Studios was contracted to provide to you:**

- ☐ Photography (☐ 1 or ☐ 2 Photographers)
- ☐ Videography
- ☐ Photo Album(s) (☐ Bridal and ☐ Parent)
- ☐ Thank You Items (please describe) \_\_\_\_\_
- ☐ Other (please describe) \_\_\_\_\_

**2. Identify by first or full name, your photographer(s) and/or videographer.**

**Photographer:** \_\_\_\_\_

**Second Photographer:** \_\_\_\_\_

**Videographer:** \_\_\_\_\_

3. **Indicate the total cost of your Contract for Services with Celebration Studios:**

\_\_\_\_\_

4. **Did you pay the entire contract price?    Yes**\_\_\_\_\_ **No**\_\_\_\_\_

5. **Indicate the payments you made under the contract. Include the amount and date of each payment:**

- ☐ **Credit Card (indicate type and last four digits of card):**\_\_\_\_\_
- ☐ **Debit Card (indicate type):**\_\_\_\_\_
- ☐ **Check:**\_\_\_\_\_
- ☐ **Cash:**\_\_\_\_\_
- ☐ **Other (please describe)** \_\_\_\_\_

6. **Indicate the services you received under your contract with Celebration Studios:**

- ☐ **Wedding Day Photography Services ( ☐ 1 or ☐ 2 Photographers)**
- ☐ **Wedding Day Videography Services**
- ☐ **Digital Photo Proof Sheet**
- ☐ **Printed Photo Proofs**
- ☐ **Digital Photo Files**
- ☐ **Bridal Album**
- ☐ **Parent Album(s)**
- ☐ **Thank You Items (please describe)**\_\_\_\_\_
- ☐ **Video Raw Footage**
- ☐ **Video Final Edited Footage**
- ☐ **Other (please describe)** \_\_\_\_\_

7. **Indicate the services you did not receive under your contract with Celebration Studios:**

- ☐ **Wedding Day Photography Services ( ☐ 1 or ☐ 2 Photographers)**
- ☐ **Wedding Day Videography Services**

- ☐ **Digital Photo Proof Sheet**
- ☐ **Printed Photo Proofs**
- ☐ **Digital Photo Files**
- ☐ **Bridal Album**
- ☐ **Parent Album(s)**
- ☐ **Thank You Items (please describe)** \_\_\_\_\_
- ☐ **Video Raw Footage**
- ☐ **Video Final Edited Footage**
- ☐ **Other (please describe)** \_\_\_\_\_

8. **Did you dispute any payments you made to Celebration Studios with your bank or credit card company?** Yes \_\_\_\_\_ No \_\_\_\_\_

9. **If your answer to Question 8 is “Yes”, please provide the following:**

**Bank or Credit Card Company:** \_\_\_\_\_

**Date of Dispute:** \_\_\_\_\_ **Amount in Dispute:** \_\_\_\_\_

**Amount of Any Refund or Charge Back:** \_\_\_\_\_

10. **Have you obtained any other refund, credit or other reimbursement in connection with your contract with Celebration Studios?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If your answer is “Yes”, state the date, amount and person or entity providing the refund, credit or other reimbursement.** \_\_\_\_\_

\_\_\_\_\_

11. **Have you made any payments to your photographer(s) and/or videographer for your wedding photographs and/or videos?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If your answer is “Yes,” identify the photographer/videographer, the date and amount of payment, and the merchandise received.**

\_\_\_\_\_

\_\_\_\_\_

12. Have you submitted a consumer complaint to the New Jersey Division of Consumer Affairs (“Division”)? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Please indicate whether you have the following documents:

- ☐ Contract for Services with Celebration Studios
- ☐ Proof of Payment under the Contract (i.e. Credit Card or Bank Statement, Cancelled Check, Receipt)
- ☐ Documents Submitted to Credit Card Company or Bank to Dispute the Charges Under the Contract
- ☐ Proof of Credit Card or Bank Charge Back or Refund
- ☐ Documents Submitted to any other Person to Seek a Refund, Credit or other Reimbursement Under the Contract
- ☐ Proof of any Refund, Credit or other Reimbursement Under the Contract
- ☐ Proof of any Payment made to your Photographer/Videographer for Photographs or Videos
- ☐ Other (please describe) \_\_\_\_\_

14. Have you provided the Division with copies of the above-designated documents? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is “No,” please provide copies of the documents.

15. Please provide any additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please return completed survey by August 14, 2008 to:**

New Jersey Division of Consumer Affairs

Office of Consumer Protection

P.O. Box 45025

Newark, NJ 07101

Attention: Ray Lee

**FAX** 973-648-4595

**E-Mail:** [ocpcom@dca.lps.state.nj.us](mailto:ocpcom@dca.lps.state.nj.us)